

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: **LAURENCE FRANCIS ROONEY**

Daytime Telephone: _____

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives
State: **FLORIDA** District: **19**

☐ Candidates - Date of Election: _____
☐ Check if Amendment

☐ New Officer or Employee
Employing Office: _____
Staff Filer Type (if Applicable):
☐ Shared ☐ Principal Assistant

Period Covered: January 1, 2016 to December 31, 2016

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

HAND DELIVERED 1 of 31
LEGISLATIVE RESOURCE CENTER
17 AUG 11 AM 9:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions), of \$200 or more during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

<p>TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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Assets and/or Income SourcePage 3 of 31

NAME: LAURENCE FRANCES BROWN

BLOCK A		BLOCK B													BLOCK C								BLOCK D																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX DEFERRED	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	Current Year																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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NAME: LAURENCE FRANCIS ROONEY

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LAURENCE FRANCIS ROONEY

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BLOCK A
Assets and/or Income Sources:

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NAME:
LAURENCE FRANCIS ROONEY

[illegible]

FACE.COM, INC CMN (CRM)

BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income											
			Current Year											
			Preceding Year											
None	A	NONE	I	None										
\$1-\$1,000	B	DIVIDENDS	II	\$1-\$200										
\$1,001-\$15,000	C	RENT	III	\$201-\$1,000										
\$15,001-\$50,000	D	INTEREST	IV	\$1,001-\$2,500										
\$50,001-\$100,000	E	CAPITAL GAINS	V	\$2,501-\$5,000										
\$100,001-\$250,000	F	EXCEPTED/BLIND TRUST	VI	\$5,001-\$15,000										
\$250,001-\$500,000	G	TAX-DEFERRED	VII	\$15,001-\$50,000										
\$500,001-\$1,000,000	H	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	VIII	\$50,001-\$100,000										
\$1,000,001-\$5,000,000	I		IX	\$100,001-\$1,000,000										
\$5,000,001-\$25,000,000	J		X	\$1,000,001-\$5,000,000										
\$25,000,001-\$50,000,000	K		XI	Over \$5,000,000										
Over \$50,000,000	L		XII	Spouse/DC Income over \$1,000,000										
Spouse/DC Asset over \$1,000,000	M		I	None										
			II	\$1-\$200										
			III	\$201-\$1,000										
			IV	\$1,001-\$2,500										
			V	\$2,501-\$5,000										
			VI	\$5,001-\$15,000										
			VII	\$15,001-\$50,000										
			VIII	\$50,001-\$100,000										
			IX	\$100,001-\$1,000,000										
			X	\$1,000,001-\$5,000,000										
			XI	Over \$5,000,000										
			XII	Spouse/DC Income over \$1,000,000										
			I	None										
			II	\$1-\$200										
			III	\$201-\$1,000										
			IV	\$1,001-\$2,500										
			V	\$2,501-\$5,000										
			VI	\$5,001-\$15,000										
			VII	\$15,001-\$50,000										
			VIII	\$50,001-\$100,000										
			IX	\$100,001-\$1,000,000										
			X	\$1,000,001-\$5,000,000										
			XI	Over \$5,000,000										
			XII	Spouse/DC Income over \$1,000,000										

BLOCK A

Assets and/or Income Sources

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	X		
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NAME: _____

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BLOCK A

Assets and/or Income Sources

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SCHEDULE D – LIABILITIES

Name: **LAURENCE FRANCIS ROONEY**

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	NONE													

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
See attached schedule	

SCHEDULE E - POSITIONS

NAME: LAURENCE FRANCIS ROONEY **Page** 29 **of** 31

Position	Name of Organization
Director, 2015, 2016	Cantera Concrete Company
Manager and President, 2015, 2016	Energy Holdings, LLC
Member, Board of Directors, 2015, 2016	Florida Gulf Coast University Foundation
Director and President, 2015, 2016	Foot's Cay Limited
Director and President, 2015, 2016	Foot's Cay LLC
Director, 2015, 2016	Francis & Kathleen Rooney Foundation
Trustee, 2015, 2016	Francis Rooney Revocable Trust
President and Manager, 2015, 2016	Habacoa, LLC
Member, Board of Directors, 2015, 2016	Helmerich & Payne, Inc.
Member, Board of Directors, 2015, 2016	Laredo Petroleum, Inc.
Manager, 2015, 2016	LFR Capital LLC
Manager, 2015, 2016	Manhattan Capital Company, LLC
Director, 2015, 2016	Manhattan Construction (Florida)
Director, 2015, 2016	Manhattan Construction Company
Director, 2015, 2016	Manhattan Construction Group
Director, 2015, 2016	Manhattan Group Finance Company, LLC
Director and President, 2015, 2016	Manhattan International Construction Co. Ltd.
Director, 2015, 2016	Manhattan Pipeline, LLC
Director, 2015, 2016	Manhattan Road & Bridge Company
Member, Board of Directors, 2015, 2016	Mercantil Commercebank
Director, 2015, 2016	Newport Shipyard
Director, 2015, 2016	OAI Electronics, LLC
Director and Manager, 2015	Riconser Spain, S.L.U.
Manager and President, 2015, 2016	Rooney Capital, LLC
Director and President, 2015, 2016	Rooney Finance Company, LLC
President and Director, 2015	Rooney Holdings, Inc.
Chairman and Director 2015, 2016	Rooney Holdings, Inc.
Manager, 2015, 2016	Rooney Properties, LLC
Director and President, 2015, 2016	Rooney Real Estate Company, LLC
Director and President, 2015, 2016	Rooney Securities Inc.
Director, 2015, 2016	Spectrum Contracting Inc.
Member, Board of Directors, 2015, 2016	The Trust of the National Mall
Chairman, Board of Directors, 2015, 2016	University of Oklahoma College of International Studies
Director and President, 2015, 2016	Western Maritime, Inc.

SCHEDULE F – AGREEMENTS

Name: **LAURENCE FRANCIS ROONEY**

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
12/1/2009	Helmerich & Payne, Inc. and Francis Rooney	Board of Directors Deferred Compensation Plan

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
NONE		

FILER NOTES
(Optional)

Name: LAURENCE FRANCIS ROONEY

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Use additional sheets if more space is required.